

Research Article

Open Access

Effect of *vagbhattokta tambula sevana* as per ayurveda on mukha rogaNeha Rathore¹, Smita Paul^{2*}, Ashutosh Kumar Jain²¹Department of Swasthavritta and Yoga, Rajeev Gandhi Ayurveda Medical College, Bhopal, India.²Dept. Rog Nidan Evam Vikriti Vigyan, Rani Dullaiya Smriti Ayurved P.G. College and Hospital, Bhopal, India.

Abstract: The diseases of oral cavity termed as *Mukharoga* in Ayurveda which involve various pathological conditions such as; *Danta Gata Roga* and *Austha Gata Roga* etc. Ayurveda described that *Mukharogas* may occur at different site of oral cavity and *Acharya Charaka* has mentioned 64 *Mukha rogas* in *Swayathu Chikitsa Adhyaya* depended on *Doshik* predominance. *Vatika Mukha Roga*, *Paittik Mukha Roga*, *Kaphaja Mukha Roga* and *Sannipatika Mukha Roga* are some disease of oral cavity emphasized in Ayurveda classic. *Vagbhattokta Tambula Sevana* is an *Upkrama* of *Dinacharya* practices since long in India and it alter pathological manifestation of *Mukha rogas*. Considering this fact present article described effect of *Vagbhattokta Tambula Sevana* as an *Upkrama* of *Dinacharya*.

Key words: *Ayurveda*, *Vagbhattokta Tambula*, *Upkrama*, *Mukharogas*.

Introduction

Tambula Sevana is a routine practice conducted since long been in Indian society. As per traditional Ayurveda classic chewing of betel leaves with *Karpura*, *Kankola*, *Jatiphala*, *Lavanga*, *Sudha*, *Katuka*, *Poogaphala* & *Khadir* offers beneficial effect such as; cleaning of mouth, provide good smell, improve complexion, clean throat and tongue, it also mitigates excess salivation which offer good effect for heart and cures diseases of throat. As per *Acharya Vagbhata Tambula Sevana* affect pathological symptoms such as; *Aruchi*, *Mukhadaurgandhya* and *Mukhavaishadya*¹⁻⁶.

Tambuladhikara, *Tambuladyaka*, *Tambuladayini* and *Tambulika* are some termed expressed in ayurveda classic for chewing *Tambula* or *Paan*. *Tambula* referred to facilitate *Sadhak* in chewing *Dharma*, *Yasha Aisvarya*, *Srivairagya* and *Mukti*. *Tambula* should be chewed along with *Jatiphala*, *Lavanga*, *Karpoora*, *Kankola*, *katuka*, *Poogaphala* *Sudha* and *Khadir*. It is harmful to person suffering from bleeding disorder, chest injury, emaciation, eye disease, tuberculosis and intoxication. *Tambula Sevana* is beneficial when consumed after wake up from sleep, after meals, after bath and after vomiting. It is beneficial for cleaning mouth and offering good smell, beautiful appearance and cures diseases of throat³⁻⁸.

The present study is aimed to analyse the effect of *Vagbhattokta Tambula Sevana* as an *Upkrama* of *Dinacharya*.

Materials and Methods

Prepared *Tambula* as per *Acharya Vagbhata* consisted of *Tambula* along with *Jatiphala*, *Lavanga*, *Karpoora*, *Kankola*, *Katuka*, *Poogaphala* *Sudha* and *Khadir*. All the ingredients of *Tambula Sevana* were obtained from Rani Dullaiya Smriti Pharmacy and converted to coarse powder for final preparation. Total 30 patients of oral problems were selected according to classical sign and symptoms from OPD of *Swastharakshana* Department of Rani Dullaiya Smriti Ayurveda P.G. Mahavidyalaya Evam Chikitsalaya, Bhopal.

Study Design

Selected 30 patients were allotted in a single group and assessed by using both subjective and objective parameters before, during and after treatment, i.e. on day 0, 7th day and 15th day of study, *Sevana Kaal* after lunch for 15 days.

Preparation of *Tambula*:

Tambulapatra filled with lime, *Khadir* and spread it properly over the leaves followed by addition of *Karpur*, *Jatiphala*, *kankol*, *Lavang*, *katuka*, *Poogaphala* (each 250 mg and

Corresponding Author:**Dr. Smita Paul,**

Profesor, Dept. Rog Nidan Evam Vikriti Vigyan,
Rani Dullaiya Smriti Ayurved P.G. College and Hospital,
Bhopal, India.

E-mail: smitapaul@gmail.com



two *Lavanga*), that after leaves were folded to form a conical structure of *Tambula*.

Procedure of *Tambulasevana Vidhi*

During *Sevana* of *Tambula* the first *Rasa* act as poison, second *Rasa* acts as *Bhedi* and *Durjarie* which resulting *Malbhedan* and not easily digestible therefore it is recommended to avoid first and second *Rasa*. The third *Rasa* acts as *Rasayana* and *Amrita*, assessment of pH will be done two times 1st day (before treatment) & 15th day (after treatment).

Inclusion Criteria:

Patients belong from age group between 20 to 60 years irrespective of sex & religion.
 Patients possess complaints of *Aruchi*, *Mukhavaishadya* and *Mukhadaurgandhya*.

Exclusion Criteria:

Patients having symptoms such as; *Urakshat*, *Raktapitta*, *Ruksha*, *Abhishyanda*, *Vishart*, *Madart*, *Murchhit*, *Mukhashosha* and *Garbhini*.
 Patients having *Pittajvyadhi* & mouth ulcer

Patients having age below 20 years & more than 60 years.
 Patients of serious illness.

Subjective Assessment Parameters:

Aruchi
Mukhavaishadya
Mukhasaugandhya

Objective Assessment Parameters:

PH of saliva

Examination of oral pH:

Tip of the pH strip was allowed to hold in the mouth of the patient then strip was kept in the mouth for about 30 seconds, removed, allowed to dry and compared with standard. The pH range was divided into 4 grades as follows:

- pH 7 : Normal
- pH 6.9 to 6 : Mild acidic
- pH 5.9 to 5 : Moderate acidic
- pH 4.9 to 3 : Severe acidic

Grading of parameters:

Table 1: Grading of assessment parameters

<i>Aruchi</i>	<i>Mukhapaichilaya</i>	<i>Mukhadaurgandhya</i>	Grade
No loss of taste	No feeling of clean mouth	No odour	0
Mild loss of taste	Mild feeling of clean mouth for Few hours	Mild odour	1
Moderate loss of taste	Moderated feeling of clean mouth	Moderate odour	2
Severe loss of taste	Severe that is bad feeling of clean mouth	Severe odour	3

Procedural Protocol:

Sample size: 30 patients.
Drug: *Tambulapatra*, *Jatiphal*, *Lavang*, *Karpur*, *Kankol*, *Katuki*, *Pugaphal*, *Sudha*, *Khadir*.
Procedure: *Tambula Sevana*.
Dose: *Tambula Patra*, small quantity of quicklime, *Khadir*, *Karpur*, *Jatiphal*, *Lavang*, *Katuka*, *Poogphala* and *Lavang*.
 Duration of treatment: 15 days.
Follow up: 1st assessment on 7th day and 2nd assessment on 15th day.

Results

All the subject and objective parameters i.e. *Aruchi*, *Mukhavaishadya*, *Mukhadaurgandhya* and salivary pH was improvement significantly after the treatment. The relief in *Aruchi* was observed 56.66% by therapy and this result considered as statistically significant (p <0.001). Study observed 45.57% relief in *Mukhavaishadya* after *Tambula Sevana* and the difference between mean before and

after treatment was significant at p <0.001. *Mukhavaishadya* of patients decreased significantly after *Tambula Sevana*. It was also observed that *Mukhadaurgandhya* improved significantly and 43.39% relief in *Mukhadaurgandhya* was observed before and after therapy.

Table 2: Percentage relief in assessment parameters:

Assessment parameters	% Relief
<i>Aruchi</i>	56.66
<i>Mukhavaishadya</i>	45.57
<i>Mukhadaurgandhya</i>	43.39
Salivary pH	Normal salivary pH

p <0.001

The overall effect of therapy also recorded, and it was found that 20% patient received complete cure, 23.33% patient improved markedly, 33.34% acquired moderate relief and 13.33% patient got mild improvement while 10% patients remain unchanged.

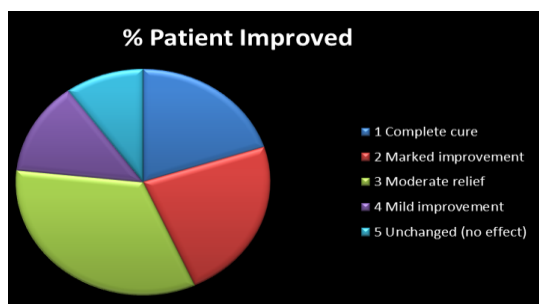


Figure 1: Overall effect of *Tambula Sevana*.

Discussion on probable mode of action of *Tambula Sevana*:

Material (ingredients) used in study having *Tikta*, *Katu rasa* opposite to *Kapha dosha*, the *Tambula* also having *Krimihar* property thus directly acts on oral microbes. *Tambula Sevana* stimulates salivary glands enhance secretion of saliva which help to maintains normal pH of mouth to prevents the growth of bacteria. The salivation enhances epidermal growth factor which helps to repair damaged tissues in mouth and oesophagus. The *Laghu*, *Ruksha*, *Tikshna guna*, *Tikta rasa*, *Katu vipaak* and *Ushna veerya* offers beneficial effect in *Aruchi*, *Mukhadaurgandhya*, *Mukhavaishadya* and possesses *Kaph dosha shamak* effect. *Katu rasa* reduces *Bodhak Kapha* in mouth & help to clean mouth, *Tambula* improves taste of food, it also offers gastro protective, antioxidant, cardio protective and immune modulator response. Contents of *Tambula* help to maintain oral hygiene to pacify *Kapha dosha* and it also offers wound healing property⁸⁻¹².

Conclusion

Tambula Sevana is very useful to cure many ailments including; *Aruchi*, *Mukhavaishadya* and *Mukhadaurgandhya*. *Tambula* normalize oral pH and offer antimicrobial property, hence *Tambula* maintain oral health and cures problems related to tongue, teeth and throat. Thus, it can be concluded that *Tambula* cures disorders of oral cavity however study on large population considering adverse effect is also suggested.

References

1. Shabdakalpadrum, Raja Radhakantadev Bahadur, Choukhambha, Varanasi 3 (1967): 241.
2. Chourasiya B.D., Human anatomy, 4th edition, C.B.S. Publishers and distributors, New Delhi, 3 (1996) 55.
3. Vijayarakshita and Shrikanthadatta, Madhukosha Commentary, Choukhamba Surabharti Prakashana, Varanasi, 2 (2011): 56/1.
4. Bulusu Sitaram and Bhavmishra, Bhavaprakasha commentary, Chaukhmbha Orientalia, Varanasi, 3 (2006): 66/2.
5. Asha Kumari and Premvati Tiwari, Yog Ratnakara, Chaukhambha vishvabharati, Varanasi. 3 (2010): 4.
6. Asha Kumari and Dr. Premvati Tiwari, Yog Ratnakara, Chaukhambha vishvabharati, Varanasi, 2 (2010): 56/2.
7. Bulusu Sitaram, Bhavaprakasha by Bhavmishra, Chaukhmbha Orientalia, Varanasi, 2 (2006): 180-183.
8. Pradhan D, Golden Heart of the nature, journal of pharmacognosy and phytochemistry, 2013.
9. Bulusu Sitaram and Bhavmishra, Bhavaprakasha, Chaukhmbha Orientalia, Varanasi, 5 (2006): 193.
10. Robert Allaker, Archives of Oral Biology, *Biology* 53.1 (2008): S1-S12.
11. Rosenberg M, The Science of Bad Breath, *Scientific American* 286.4 (2002): 7-9.
12. Shabdakalpadrum and Raja Radhakantadev Bahadur, Choukhambha, Varanasi, 3 (1967) 42/1.

Cite this article as:

Neha Rathore, Smita Paul, Ashutosh Kumar Jain. Effect of vagbhattokta tambula sevana as per ayurveda on mukha roga. *International Journal of Bio-Pharma Research*, Volume 8, Issue 3 (2019) pp. 2491-2493.

 <http://dx.doi.org/10.21746/ijbpr.2019.8.3.1>

Source of support: Nil; Conflict of interest: Nil.